

		Amendment
Statement of Organization - Candidate C		☐ Yes ☐ Ng
Use this form to create a new or update an existing candidate of		5
This form must be accompanied by forms CRO-3100 and CRO	J-3500.	
1. Committee Information a. Full Name	A PART CONTRACTOR OF THE PROPERTY OF THE PART OF THE P	c. ID Number ( N
1/ . IA At / M Acal	C Aldread	ω
Weith Head I INDON	AL THEATH	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
919 winborly war (+		d. Date Organized 1 5
Kernerulle NC 2728A		e. Phone Number
Kernesiulle Nr 27284	_	201 200 7912
		336-293-3962
2. Candidate Information	Candidate's Primary Commit	ttee d. Party Affiliation
a. Full Name	c. Candidate ID Number	d. Party Attination
KPITZ ALAN MASON	3CQB 23	A CONTRACTOR
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
919 win berly way of	Alderman	
Kernerville MC 272.04		: "XI
27284	(If office sought is nonpartisan, Party Affil	
3. Treasurer Information	4. Custodian of Books Informa	
a. Full Name	a. Full Name	Section of the sectio
to de Man	Vall ACO A	11/2
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Stat	te, and Zip Code)
919 win be by war of.	Org wimbering	var A
ا م ا الله الله	1	410 30 4A 1.
Kornosville NC 27284	46LN6170hit	NC 27284
c. Phone Number d. Email Address	c. Phone Number d. Email Addr	ress
335-3962 1cm Ase @ (Ah 10.0-	stre stre	
5. Assistant Treasurer Information Add	6. Account Information (incl	
a. Full Name Remove	a. Financial Institution Full Name	Remove
Famely G. MASON	Addity SA	NF
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
gia winder from ct.	CAMPAIGN FINA	~re
tonesuille NC 2728A		
c. Phone Number d. Email Address	c. Account Code d. Type	
409- 60to Pomae Chotral. wo-	- chc	xtire
CERTIFICATION		1 200 000 000 000
I certify that the Committee or Fund is in compliance with a	Il applicable provisions of Article	e 22A, 22B & 22D-22M or
Chapter 163 of the NC General Statutes and that no funds as	commingled with prohibited of	f Other Hon-disclosed funds. 1
further certify that this report is complete, true and correct	LA NI	7/ /00
Keit A. MASON IDA	gnature of Appointed Treasurer	- 1/22/07
Printed Name of Signer /Sign	nature of Appointed Treasurer	Date





State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting BECEIVED

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	10.16
Candidate Name:	KPITL A. MASON
Treasurer Name:	KPITH A. MACON
Treasurer Address:	919 win bor IV WAR Ct.
(include city, state, & zip)	temerville NC "272B4
Treasurer Phone:	336-293-3962

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.





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Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

# **Certification of Threshold**

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	( - de Mar 1.6 - Aldana
Committee Name:	Keit 111750N OF THOUM
Treasurer Name:	APITA MASON
Treasurer Address:	919 winder r way (t-
(include city, state, & zip)	Remersille NC 2728A
Freasurer Phone:	
election cycle under the production cycle under the production that the end of the election expenditures during this elections and file required this DECLARATION CA  I am withdrawing my file the next scheduled report the beginning of the cut	mittee intends to neither receive nor expend more than \$3,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or extion cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain under the \$3000 threshold. I will now be required to out for all contributions and expenditures that have not been previously reported arrent election cycle. I further agree to file all future reports required.  Signature
Date Signed	) Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



State Board of Elections 506 N Hamington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

Committee Name: Treasurer Name:

Treasurer Address: (include city, state, & zip)

Treasurer Phone:

CRO-3500

Mailing Address
PO Box 27255

Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

August 2008

Confidential

### **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account

code", confidentiality	of the account number is	presumed to have been warved.		
The treasurer shall ma exclusively by the poli	aintain all moneys of the itical committee and shall	political committee in a bank account commingle those funds with a	ount or bank account ny other moneys.	s used
Type of account	Financial Institution	Address	Account Number	Account Code
CLecting	Fidelity Bank	Kornerville NC		
	' 1	•		
By signing this state provided.	ement, I authorize agents	of the State Board of Elections to in	50	
Date Signed	<del></del>	<del>-</del>	of Candidate or Treasurer	
In lieu of providing except for the filing  7  Date Signed	account information, I ce fee. (Only candidates ma	1000	ise or spend any mon- of Candidate or Treasurer	ey ————

Certification of Financial Account Information





State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

#### Additional account numbers:

Type of Account	Financial Institution	Address	Account Number	Account Code
				<u> </u>
				<u> </u>

7240 9 Date Signed

Signature of Candidate or Treasurer